				Complete if Known					
Substitute for form 1449/PTO (Revised 07/2005)  INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number 10/542,948					
				Filing Date		July 21, 2005			
				First Named Inventor		Emmanuelo Legrand			
				Group Art Unit		3723			
				Examiner Name		Alvin J. Grant			
(Use as many sheets as necessary) Sheet 1 of 2				Attorney Docket Number		047578/294904			
Sheet	1	01		1 Attorney Dock	et Number	04/3/6/294904			
			T	. S. PATENT DO	OCUMENT	'S			
		Document Number			Name of Patentee or Applicant of Cited Document				
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<sup>09/2006</sup> \*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

				Complete if Known						
Substitute fo		149/PTO		Application Number		10/542,948				
(Revised 07/	2005)			Filing Date First Named Inventor Group Art Unit		July 21, 2005 Emmanuelo Legrand 3723				
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STAT	EME:	NT BY APPL	ICANT							
		any sheets as necessa		Examiner Name		Alvin J. Grant				
Sheet	2	2 of 2		Attorney Docket Number		047578/294904				
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Examiner Signature					Date Consi	dered				

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